Campaign Disclosure Statement		Type or print in ink.	Date Stame Stame			
tauri Star mana			405 Table 405			
This form must be used to amend statements filed pursuant to Government filing officers who received the statement being amended. NOTE: Do not use Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, For respectively, to make amendments.	Code Sections 84200-842 se this form to amend a S rm 502. Use the actual F	216.5, and must be filed with all tatement of Organization, orm 410, 501 or 502,	MAY 1 6 2005 For Official Use Only REGISTRAR OF VOTERS			
The information required in Part I must correspond to the information p			By Mande Deputy			
Name of Filer	Tovided on the campaig	n statement being amended.	reputy			
Name of Filer (See important information on reverse.)		II Amendment infor	mation /			
Anthony Rackauckas for District Attorney	I.D. NUMBER (IF APPLICABLE) 970780	A. The following inform Form No. 460	mation amends campaign disclosure statement,			
MAILING ADDRESS OF FILER (NO. AND STREET)			3 (Amend) or the period 7/1/2002 through 12/31/2002 (MO, DAY, YR)			
CITY STATE	ZIP CODE	B. The amended infor	(MO, DAY, YR) (MO, DAY, YR)			
AREA CODE/DAYTIME PHONE NUMBER		B. The amended information affects items on the: Cover Page Allocation Page Summary Page				
THE TOOSE ON TIME PHONE NUMBER		X Schedule(s) F				
NAME OF TREASURER IF RECIPIENT COMMITTEE	NAME OF TREASURER IF RECIPIENT COMMITTEE					
Betty Presley		C. Describe the change	es below. Include in detail all information you wish to			
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND	STREET)	page, summary na	our official campaign statement. Please attach a cover age and/or appropriate schedule(s) to this Form 405 if			
CITY		necessary for clari	ification. Include additional information on appropriately			
STATE	ZIP CODE	labeled continuation	sheets. (Number of sheets attached)			
AREA CODE/DAYTIME PHONE NUMBER		Please see Att	ached Schedule F with the change in			
		vendor name an slate card ID#	d description code and addition of			
	· · · · · · · · · · · · · · · · · · ·					
III Verification (See important information on reverse.)						
I have used all reasonable diligence in preparing this statement. I have	eviewed the statement					
I have used all reasonable diligence in preparing this statement. I have rand complete. I certify under penalty of perjury under the laws of the Statement.		d to the best of my knowledge the regoing iscrue and correct	information contained herein and in the attached schedules is true			
Executed on 5/6/2005 At RSM, CA		PS H				
DATE CITY AND S	TATE	By 1 D LULY	SIGNATURE OF TREASURER OR FILER			
Officeholder, candidate, state measure proponent, or sponsored combas used all reasonable diligence in preparing this statement. I have revi	nmittee responsible offi	cer verification: I have used alt re				
has used all reasonable diligence in preparing this statement. I have revi penalty of perjury under the laws of the State of California that the forego	ewed the statement and t	o the best of my knowledge the in	formation contained herein is true and complete. I certify under			
	ing is true and correct.					
Executed on 5/11/2005 At Santa Ana, CA	•	By Jones Back	on ke			
DATE CITY AND ST	ATE	SIGNATURE O	OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER			
Executed on At		V	STATE OF STA			
DATE CITY AND S	TATE	Bys	IGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT			
Executed on At			STATE OF STA			
DATE CITY AND ST		Ву	CICNATURE OF OFFICE OF OFFICE OF OFFI			
FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PR	ACTICES ACT OF 1977, SEF IN	CRMATION MANUAL ON CAMPAIN OF	GIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT			

*Amendment to

Schedule F. (Continuation Sheet)

Type or print in ink.

SCHEDULE F

Accided Expenses (Unpaid Bills)	to whole dollars.	from07/01/2002	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	•	through 12/31/2002	Page 33 of 35
Anthony Rackauckas for District Attorney CODES: If one of the following codes accurately described to the code accurately described to the code accurately described to the code accurately described to the codes accurately described to the code accurately de	AL.	,	I.D. NUMBER 970780
CODES: If one of the following codes accurately descri CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the campaign workers' salaries TRC candidate travel, lodging, and the staff/spouse travel, lodging, and the campaign are carried to the campaign and the campaign are carried to the campaign and the campaign are carried to the campaign are carried to the campaign and the campaign are carried to the carried to t	uction costs

PRO professional services (legal, accounting)

JT campaign literature and mailings	PRO professional services (legal, accounting) PRT print ads		VOT voter registration WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Betty Presley & Associates, Inc.	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE
Juden Presiev & Associates, Inc.	PRO	1,100.00	0.00	1,100.00	OF THIS PERIOD
				_,	0.00
Advanced E Media Inc				•	
Savanced & Media Inc	OFC	2,474.25	0.00	0.00	2 47 2
				0.00	2,474.25
Advanced E Media Inc	OFC			<u> </u>	
	Orc	74.85	0.00	0.00	74.85
	•				
oter Eduction Project/Forde & Mollrich (#589002)	LIT Slate Card	0.00	25,000.00	- X	
			25,000.00	0.00	25,000.00
	***	·			
Kay Rackauckas	POS				
		0.00	144.78	0.00	144.78
Payments that are contributions or independent expenditures must also be immarized on Schedule D.	SUBTOTALS				
		3,649.10	25,144.78	1,100.00 \$	27,693.88